

AIRLINE TICKET REQUEST FORM

FY21 CARRYOVER

Date: _____ Requesting Coalition: _____

Requester (Your) Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Organization: _____

Conference/Meeting Attending: _____

Ticket Information

Name (as shown on government ID used for check-in): _____

Date of Birth: _____

Departure Airport: _____

Departure Date: _____

Arrival Airport: _____

Departure Time: ☐ Morning ☐ Afternoon ☐ Evening ☐ No Preference

Frequent Flyer Airline & #: _____

TSA Pre✓ #: _____ Redress/Known Traveler #: _____

Luggage: ☐ Carry-On Only ☐ 1 Checked Bag ☐ 2 Checked Bags ☐ None

Return Trip Date: _____

Return Trip Departure Time: ☐ Morning ☐ Afternoon ☐ Evening ☐ No Preference

While we cannot guarantee available selections, we will try to accommodate your selected preferences below:

Seat Preference: ☐ Aisle ☐ Window ☐ No Preference

Plane Location: ☐ Front of plane ☐ Back of Plane ☐ No Preference

Desired Flights (If you have a specific desired flight(s) in mind, please list flight information below)

Flight Number	Departure Airport	Airline	Departure Date	Departure Time	Arrival Time

Comments: _____ **BUDGET LINE ITEM:** _____

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Booked: _____ | Confirmation #: _____